

**CLAIMS ONLY**

 Application Number  
**101326656**

Filing Date

Applicant(s)

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT				
	Indep	Depend	Indep	Depend	Indep	Depend			
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Total Indep			/						
Total Depend			12						
Total Claims			13						